

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/596897

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	/		/				
5	/		/				
6	/		/				
7	/		/				
8	/						
9	2						
10	2		/				
11	2		/				
12	3		/				
13	3						
14	3		/				
15	3		/				
16	3		/				
17	3						
18	3		/				
19	6						
20	6		/				
21	6		/				
22	6						
23	6		/				
24	7		/				
25	7		/				
26	7		/				
27	7		/				
28	7		/				
29	1						
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49							
50							
TOTAL IND.	14	↓	6	↓		↓	
TOTAL DEP.	25	←	31	←		←	
TOTAL CLAIMS	39		34				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51						/	
52						/	
53						/	
54						/	
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95							
96							
97							
98							
99							
100							
TOTAL IND.		↓		0	↓		↓
TOTAL DEP.	25	←	18	←	←	←	←
TOTAL CLAIMS	39		34				